

RDS Secure Web Site Registration & Application Process

RDS Secure Web Site Overview

- **Primary communication link between Plan Sponsors the and RDS Center**
 - Submit applications
 - Submit retiree files, payment requests, appeals
 - Maintain account information
 - Track status of applications and payment
 - Notifications from RDS Center

User Roles – Authorized Rep

- **Authorized Representative (AR) – Business Owner/ Officer or Trustee of Plan. Person ultimately responsible for all application(s) information. Required to agree/authorize compliance with RDS program requirements.**
 - Chooses Account Manager
 - Authorized to perform all functions except establishing initial Plan Sponsor account and actuarial attestation
 - Must be employee of Plan Sponsor with authority (CFO, President/CEO, etc.)

User Roles – Account Manager

- **Account Manager (AM) – Authorized Representative delegates all account management tasks to this person. Authority to do everything for AR *except* sign the Plan Sponsor Agreement and actuarial attestation.**
 - Establishes Plan Sponsor Account
 - Identifies the AR for the Plan Sponsor
 - Manages account and application process
 - For security reasons, AR and AM must be different people
 - May be employee of, or agent for, Plan Sponsor (HR director/manager, consultant, etc.)

User Roles - Actuary

- **Qualified Actuary – Member of the American Academy of Actuaries (AAA). Sign attestation of plan's actuarial equivalence to Part D.**
 - Designated on each application
 - When combining benefit options, a Qualified Actuary must attest to the Gross Value of *each* benefit option, and a Qualified Actuary must attest to the Net Value of the combined options.
 - When NOT combining benefit options, a Qualified Actuary must attest to *both* the Gross and Net Value of *each* benefit option.

User Roles – Designee(s)

- **Designees – Assigned by AR or AM to perform specified functions.**
 - Assigned on each application
 - Optional role
 - Assist filling out certain sections of the application
 - May be permitted to request payment, appeals
 - Cannot sign plan sponsor agreement
 - Cannot designate other designees

Registering on the RDS Secure Web Site

Starting the Process

- AR selects an AM
- AM comes to the RDS Center Web Site and requests ID, plan sponsor account, identifies AR
- AM and Plan Sponsor validated by RDS Center
- AM receives email indicating validation status
- AR receives email to visit the RDS Center Web Site with unique one-time link
- AR comes to RDS Center Web Site for ID
- AR validated by RDS Center
- AM (or AR) begins application

Create New Account Manager ID


RDS

Retiree Drug Subsidy Program

[ABOUT THIS SITE](#)
[FAQs](#)
[HOW TO APPLY](#)
[EVENTS](#)
[NEWS](#)
[LAWS AND REGULATIONS](#)
[CONTACT](#)


[Print this page](#)

SPECIAL ANNOUNCEMENT

Updated 9/02/2005

To All RDS Center Web Site Visitors:

Beginning today, retiree plan sponsors will be able to receive electronic approvals of their completed applications through the CMS secure retiree drug subsidy (RDS) web site - the site used by retiree plan sponsors to participate in the Retiree Drug Subsidy program created under the Medicare Modernization Act of 2003 (MMA). This announcement also addresses issues relating to the submission of retiree list files and an extension of the deadline for submitting retiree drug subsidy applications and retiree lists. CMS is urging retiree plan sponsors to submit their applications and retiree lists as soon as possible, and also urging sponsors to communicate now with their retirees to ensure that the retirees understand the coverage their retiree plan offers in relation to the information they will begin to receive from CMS in October.

[Read more of this announcement...](#) (pdf, 27 KB)

The Centers for Medicare & Medicaid Services (CMS) recently published the final regulations for Title I and Title II of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). Title I contains the provisions governing the special retiree drug subsidies and other options that were designed to encourage employers and unions to continue providing high quality prescription drug coverage to their retirees.

It is the goal of CMS to give employers and unions a comprehensive set of options to help them continue to provide high-quality prescription drug coverage. One method is through a retiree drug subsidy that is flexible enough to enable employers and unions to obtain the subsidy without disrupting their current coverage. To meet this goal, this web site serves as a comprehensive resource center for all informational and operational needs for plan sponsors to become a participant in the Retiree Drug Subsidy (RDS) Program. On this web site, many tools and resources are available to provide you with everything from general information about the RDS Program to specific instructions and assistance during the application period and afterward.

Together, with the full cooperation and involvement of our partners and plan sponsors who sign up to participate in the RDS Program, we can continue to make positive advancements towards providing access to prescription drugs, dependable retiree coverage, and better coverage options for millions of Americans.

ACCOUNT LOGIN

» CREATE A NEW ACCOUNT MANAGER ID »

ENTER LOGIN ID

ENTER PASSWORD

Login

[Forgot Password?](#)

Search

Events Calendar

SEP. 2005

S	M	T	W	T	F	S
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Glossary

Reference Hub

Plan Sponsor Account Registration

Plan Sponsor Account Registration

An asterisk (*) indicates a required field.

We ask for this information to protect and verify your personal identity, and that of the plan sponsor.

Plan Sponsor Company Name and Address fields must correspond with information associated with the Federal Employer Tax Identification Number (EIN).

*EIN

*Company Name
(must be the company name
associated with the EIN
provided above)

*Business Telephone () ext.

Fax ()

Company Home Page

*Type of Organization

Company Address (must be the address associated with the EIN provided above)

*Street Line 1

Street Line 2

*City

*State

*Zip Code -

YOU ARE HERE...

1. **Plan Sponsor Account Registration**
2. Authorized Representative Information
3. Account Manager Personal Information
4. Account Manager Login Information
5. Account Manager Summary
6. Thank You

QUICK HELP

[Help about this page](#)

Help Convention

CMS RDS Secure Web Site

Plan Sponsor Account Registration

An asterisk (*) indicates a required field.

We ask for this information to protect and verify your

**Plan Sponsor Company Name and Address field:
Tax Identification Number (EIN).**

*EIN

*Company Name
(must be the company name
associated with the EIN
provided above)

*Business Telephone ()

Fax ()

Company Home Page

*Type of Organization

Company Address (must be the address)

*Street Line 1

Street Line 2

*City

*State

*Zip Code -

[https://www.rds.cms.hhs.gov - Plan Sp...](#)

**PLAN SPONSOR ACCOUNT
REGISTRATION**

[Print](#)
[Close](#)

About this page ...

On this page you are being asked to provide identifying information about the Plan Sponsor. It is very important that this information is accurate, as it will be used to validate the existence of the organization. The Plan Sponsor Company Name and Address fields must correspond with information associated with the Federal Employer Tax Identification Number (EIN).

In addition, you will be asked to read and accept the User Agreement and Privacy Policy (required). If you choose

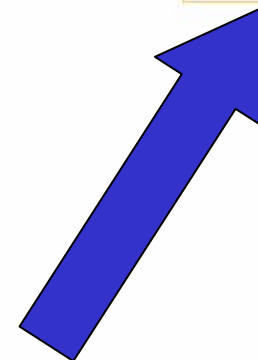
with the Federal Employer

YOU ARE HERE...

1. Plan Sponsor Account Registration
2. Authorized Representative Information
3. Account Manager Personal Information
4. Account Manager Login Information
5. Account Manager Summary
6. Thank You

QUICK HELP

[Help about this page](#)



Help About this Page

PLAN SPONSOR ACCOUNT REGISTRATION

[Print](#)[Close](#)

About this page ...

On this page you are being asked to provide identifying information about the Plan Sponsor. It is very important that this information is accurate, as it will be used to validate the existence of the organization. The Plan Sponsor Company Name and Address fields must correspond with information associated with the Federal Employer Tax Identification Number (EIN).

In addition, you will be asked to read and accept the User Agreement and Privacy Policy (required). If you choose not to accept the agreement and policy you will not be able to continue with the registration process. If you would like to print the User Agreement and Privacy Policy, a link has been provided.

Once you have entered all the information into the required fields on this page, click the "Continue" button.

Click the "Cancel" button to terminate the process.

Data Fields on this Page ...

Field Name	Field Description
EIN	<ul style="list-style-type: none">Required FieldEnter the Federal Employer Tax Identification Number in this field.
Company Name	<ul style="list-style-type: none">Required FieldEnter the Company Name associated with the EIN provided above.
Business Telephone with ext	<ul style="list-style-type: none">Required FieldEnter the Main Business Telephone number for the Company Name provided above.
Fax	<ul style="list-style-type: none">Optional FieldEnter the Main Business Fax number for the Company Name provided above.

Authorized Representative Information


RDS Secure Web Site

Authorized Representative Information

An asterisk (*) indicates a required field.

*E-mail Address

The e-mail address **debra-w@vips.com** cannot be found.

*First Name

Middle Initial

*Last Name

*E-mail Address

*Re-enter E-mail Address

 **SECURE AREA**


[Privacy Policy | User Agreement](#)

YOU ARE HERE...

1. Plan Sponsor Account Registration
2. **Authorized Representative Information**
3. Account Manager Personal Information
4. Account Manager Login Information
5. Account Manager Summary
6. Thank You

QUICK HELP

[Help about this page](#)

Account Manager Personal Information

Account Manager Personal Information

An asterisk (*) indicates a required field.

We ask for this information to protect and verify your personal identity, and that of the plan sponsor.

*First Name

Middle Initial

*Last Name

*Social Security Number --

*Date of Birth Month Day Year

*Job Title

*Telephone () - ext.

Fax () -

*E-mail Address

*Re-enter E-mail Address

Mailing Address

*Street Line 1

Street Line 2

*City

*State Select One

*Zip Code -

[Continue](#)

[Cancel](#)

YOU ARE HERE...

1. Plan Sponsor Account Registration
2. Authorized Representative Information
3. **Account Manager Personal Information**
4. Account Manager Login Information
5. Account Manager Summary
6. Thank You

QUICK HELP

[Help about this page](#)



Account Manager Summary Page



RDS Secure Web Site

Account Manager Summary

Please review your information...

The following information will be processed:

Plan Sponsor Information

EIN: **999999999**

Company Name: **debs third test one**

Business Telephone: **(555) 555-5555**

Fax:

Company Home Page: **http://**

Organization Type: **Commercial**

Company Address

Street Line 1: **one west penn ave**

Street Line 2:

City: **bel air**

State: **CO**

Zip Code: **99999**

Account Manager Personal Information

First Name: **patrick**

Middle Initial:

Last Name: **weber**

Social Security Number: **999-99-9999**

Job Title: **Accounting Manager**

YOU ARE HERE...

1. Plan Sponsor Account Registration
2. Authorized Representative Information
3. Account Manager Personal Information
4. Account Manager Login Information
5. **Account Manager Summary**
6. Thank You

QUICK HELP

[Help about this page](#)



Account Manager Thank You Page



RDS Secure Web Site



Print this page

Thank You -- patrick weber (debstest1)

patrick weber, thank you for your interest in the Retiree Drug Subsidy Program. Your request for a Plan Sponsor Account has been submitted today. Please allow 8 business days for your request to be processed.

The following information is being sent for processing:

Plan Sponsor Information

EIN: **999999999**

Company Name: **debs third test one**

Business Telephone: **(555)555-5555**

Fax:

Company Home Page: **http://**

Organization Type: **Commercial**

Company Address

Street Line 1: **one west penn ave**

Street Line 2:

City: **bel air**

State: **CO**

Zip Code: **99999**

Account Manager Personal Information

First Name: **patrick**

Middle Initial:

Last Name: **weber**

Social Security Number: **999-99-9999**

Job Title: **Accounting Manager**

YOU ARE HERE...

1. Plan Sponsor Account Registration
2. Authorized Representative Information
3. Account Manager Personal Information
4. Account Manager Login Information
5. Account Manager Summary
6. **Thank You**


QUICK HELP

[Help about this page](#)

Next Steps


- RDS Center validates Plan Sponsor and Account Manager information
- RDS Center assigns Plan Sponsor ID and activates the Account Manager Login ID
- Email sent to Account Manager with link back to the RDS Center Web Site – 1 to 2 days after submission
- Email sent to AR to inform him/her of AM registration and invitation to register

RDS Secure Web Site Login



RDS Retiree Drug Subsidy Program

[ABOUT THIS SITE](#)
[FAQs](#)
[HOW TO APPLY](#)
[EVENTS](#)
[NEWS](#)
[LAWS AND REGULATIONS](#)
[CONTACT](#)

 Print this page

SPECIAL ANNOUNCEMENT

Updated 9/02/2005

To All RDS Center Web Site Visitors:

Beginning today, retiree plan sponsors will be able to receive electronic approvals of their completed applications through the CMS secure retiree drug subsidy (RDS) web site - the site used by retiree plan sponsors to participate in the Retiree Drug Subsidy program created under the Medicare Modernization Act of 2003 (MMA). This announcement also addresses issues relating to the submission of retiree list files and an extension of the deadline for submitting retiree drug subsidy applications and retiree lists. CMS is urging retiree plan sponsors to submit their applications and retiree lists as soon as possible, and also urging sponsors to communicate now with their retirees to ensure that the retirees understand the coverage their retiree plan offers in relation to the information they will begin to receive from CMS in October.

[Read more of this announcement...](#) (pdf, 27 KB)

The Centers for Medicare & Medicaid Services (CMS) recently published the final regulations for Title I and Title II of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). Title I contains the provisions governing the special retiree drug subsidies and other options that were designed to encourage employers and unions to continue providing high quality prescription drug coverage to their retirees.

It is the goal of CMS to give employers and unions a comprehensive set of options to help them continue to provide high-quality prescription drug coverage. One method is through a retiree drug subsidy that is flexible enough to enable employers and unions to obtain the subsidy without disrupting their current coverage. To meet this goal, this web site serves as a comprehensive resource center for all informational and operational needs for plan sponsors to become a participant in the Retiree Drug Subsidy (RDS) Program. On this web site, many tools and resources are available to provide you with everything from general information about the RDS Program to specific instructions and assistance during the application period and afterward.

Together, with the full cooperation and involvement of our partners and plan sponsors who sign up to participate in the RDS Program, we can continue to make positive advancements towards providing access to prescription drugs, dependable retiree coverage, and better coverage options for millions of Americans.

ACCOUNT LOGIN

>> CREATE A NEW ACCOUNT MANAGER ID >>

ENTER LOGIN ID

ENTER PASSWORD

Login

[Forgot Password?](#)

[Search](#)

[Events Calendar](#)

SEP. 2005						
S	M	T	W	T	F	S
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

[Glossary](#)

[Reference Hub](#)

Account Manager Home Page



RDS Secure Web Site

[HOME](#) | [LOG OUT](#)


James Weber - AcctManager
Today is Sep 6, 2005

 Print this page

ACCOUNT SETTINGS

[Create a New Plan Sponsor Account](#)
[Start a New Application](#)
[Change Password](#)

Plan Sponsor ID	Plan Name	Authorized Rep	Incomplete Applications	Pending Applications	Approved Applications	Rejected Applications
1279	Debs Testing Company	Deb Weber	1	0	0	0
3411	Debs Second Test Company	Deb Weber	0	0	0	0

 **SECURE AREA**



BULLETIN

New web site functions enable plan sponsors to complete, save, and submit RDS online applications. Find out [what you can do now](#) in the RDS Secure Web Site, and [what you can do later](#) as we continue to roll out new web site features.


[Privacy Policy](#) | [User Agreement](#)

Submitting an Application

Start a New Application



RDS Secure Web Site

HOME | LOG OUT

 Print this page

QUICK HELP
[Help about this page](#)

Start a New Application

An asterisk (*) indicates a required field.

Enter plan name, start date, and end date to generate an Application Number. This will allow you to save the application and return to it later.

*Plan Sponsor ID

Select One

*Plan Name

*Plan Start:

January

1

2005

*Plan End:

January

1

2005

Continue

Cancel

Approved OMB-0938-0957 Form CMS-10156

 **SECURE AREA**



Privacy Policy | User Agreement

Plan Sponsor Application List


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

ACCOUNT SETTINGS

- [Create a New Plan Sponsor Account](#)
- [Start a New Application](#)
- [Change Password](#)

QUICK HELP

- [Help about this page](#)

Plan Sponsor ID:

Application List

App Number	Plan Name	Application Status	Attestation Status	Plan Start and End Dates	Actions
1042	Deb app - 01	Incomplete	Attested	Jan 01, 2006 Dec 31, 2006	<div>Select One</div> <div>Go</div>
2348	Debs Second Application	Incomplete	Not Attested	Apr 01, 2005 Mar 31, 2006	<div>Select One</div> <div>Go</div>




SECURE AREA


[Privacy Policy](#) | [User Agreement](#)

Application Status

RDS Secure Web Site

[HOME](#) [LOG OUT](#)



Print this page

Application Status

Application Number:

Plan Sponsor ID: **1279**
 Company: **Debs Testing Company**
 Authorized Representative: **Deb Weber**
 Account Manager: **James Weber**
 Application ID: **2348**
 Plan Name: **Debs Second Application**
 Plan Start: **Apr 01, 2005** Plan End: **Mar 31, 2006**

Application Start Date: **Sep 06, 2005**
 Application Submitted:

YOU ARE HERE:

Plan Sponsor ID: 1279
Company Name: Debs Testing Company
Application ID: 2348

APPLICATION SECTIONS

[Application Status](#)

[Benefit Option\(s\)](#)

[Assign Actuary\(s\)](#)

[Electronic Funds Transfer \(EFT\) Info](#)

[Payment Frequency](#)

[Retiree List Submission Method](#)

QUICK HELP

[Help about this page](#)

	Application Section	Status
✓	Application Number Assigned	Complete
—	Assign Designee(s) (optional)	Incomplete
—	Benefit Option(s)	Incomplete
—	Assign Actuary(s)	Incomplete
—	Attestation	Incomplete
—	Electronic Funds Transfer (EFT) Info	Incomplete
—	Payment Frequency	Incomplete
—	Retiree List Submission Method	Incomplete
—	Upload Retiree List	Incomplete

Assign Designee(s)


RDS Secure Web Site

[HOME](#) | [LOG OUT](#)

 Print this page

Assign Designee(s)

An (*) indicates a required field.

*E-mail Address

The e-mail address you entered cannot be found. Click on "Assign New" to add a new Designee or click on "Modify Search" to enter a different e-mail address.

 **SECURE AREA**

YOU ARE HERE:

Plan Sponsor ID: 11085
Company Name: Sandy's Vegas Dog Walkers
Application ID: 101010

APPLICATION SECTIONS

- [Application Status](#)
- [Assign Designee\(s\) \(optional\)](#)
- [Benefit Option\(s\)](#)
- [Assign Actuary\(s\)](#)
- [Attestation Summary](#)
- [Electronic Funds Transfer \(EFT\) Info](#)

Assign Designee(s)


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

Assign Designee(s)

An (*) indicates a required field.

*E-mail Address

The e-mail address you entered cannot be found. Click on "Assign New" to add a new Designee or click on "Modify Search" to enter a different e-mail address.

Assign New

Modify Search

*First Name

Middle Initial

*Last Name

*E-mail Address

*Re-enter E-mail Address

*Pass Phrase

*Re-enter Pass Phrase

YOU ARE HERE:

Plan Sponsor ID: 11085
Company Name: Sandy's Vegas Dog Walkers
Application ID: 101010

APPLICATION SECTIONS

- [Application Status](#)
- [Assign Designee\(s\) \(optional\)](#)
- [Benefit Option\(s\)](#)
- [Assign Actuary\(s\)](#)
- [Attestation Summary](#)
- [Electronic Funds Transfer \(EFT\) Info](#)
- [Payment Frequency](#)
- [Retiree List Submission Method](#)

QUICK HELP

- [Help about this page](#)

Assign Designee(s)

Please choose the actions that the designee can perform (check one or more) for this application.

- Define Benefit Option(s) ☐
- Assign Actuary(s) ☐
- View Attestation Summary ☐
- Complete Electronic Funds Transfer Information ☐
- Define Payment Frequency ☐
- Choose Retiree List Submission Method ☐
- View/Send/Receive Retiree Data ☐
- Submit and View Payment Data ☐
- Withdraw Application ☐
- Delete Application ☐
- Request Extension ☐
- Submit Appeal ☐

[Continue](#)

[Cancel](#)

 **SECURE AREA**



[Privacy Policy](#) | [User Agreement](#)

PHI Disclaimer

*Last Name

*E-mail Address

*Re-enter E-mail Address

*Pass Phrase

*Re-enter Pass Phrase

Please choose the actions that the designee can perform (check all that apply):

- Define Benefit Option(s) ☒
- Assign Actuary(s) ☒
- View Attestation Summary ☒
- Complete Electronic Funds Transfer Information ☒
- Define Payment Frequency ☒
- Choose Retiree List Submission Method ☒
- View/Send/Receive Retiree Data ☒
- Submit and View Payment Data ☒
- Withdraw Application ☐
- Delete Application ☐
- Request Extension ☐
- Submit Appeal ☐

[Continue](#)

[Cancel](#)

E-PHI AGREEMENT

[Print](#) [Close](#)

NOTE: The privileges ("View/Send/Receive Retiree Data" and/or "Submit and View Payment Data") permit the Designee to access certain Electronic Protected Health Information (E-PHI) associated with this Plan Sponsor's RDS application. E-PHI is subject to protection under the federal privacy and security regulations established at 45 CFR Parts 160 and 164 and promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and is intended for the access and use by individuals only as authorized by the Plan Sponsor. Disclosure of this E-PHI to any other party, unless authorized by the Plan Sponsor or required to do so by law, is prohibited.

By clicking on "I accept" button below, you hereby authorize the Designee to access or use E-PHI associated with this Plan Sponsor's RDS application. Clicking the "Cancel" button will allow you to modify the privileges that you want to assign to this Designee.

I Accept
Cancel

[Info](#)

[Payment Frequency](#)

[Retiree List Submission Method](#)

QUICK HELP

[Help about this page](#)

PHI Disclaimer



CMS RDS Secure Web Site

[HOME](#) [LOG OUT](#)



Print this page

Application Status

Application Number:

Plan Sponsor ID: **11085**
Company: **Sandy's Vegas Dog Walkers**
Authorized Representative: **Misty Smith**
Account Manager: **Bob Koch**
Application ID: **101010**
Plan Name: **debs testing**
Plan Start: **Jan 01, 2006** Plan End: **Dec 01, 2006**

Application Start Date: **Aug 22, 2005**
Application Submitted:

Application Section		Status
✓	Application Number Assigned	Complete
✓	Assign Designee(s) (optional)	Complete
—	Benefit Option(s)	Incomplete
—	Assign Actuary(s)	Incomplete
—	Attestation Summary	Incomplete

YOU ARE HERE

Plan Sponsor ID: 11085
Company Name: Sandy's Vegas Dog Walkers
Application ID: 101010

APPLICATION SECTIONS

[Application Status](#)

[Assign Designee\(s\) \(optional\)](#)

[Benefit Option\(s\)](#)

[Assign Actuary\(s\)](#)

[Attestation Summary](#)

[Electronic Funds Transfer Info](#)

[Payment Frequency](#)

[Retiree List Submission Method](#)

QUICK HELP

[Help about this page](#)

Designee Registration

- Designee will be presented with registration pages after following the link via email
- Enter Pass Phrase
- Sign the User Agreement and submit



Designee Personal Information

- **Provide the following:**
 - Name
 - SSN
 - Date of Birth
 - Job Title
 - Mailing Address
 - Telephone
 - Mailing Address
- **Click on Continue button**

Designee Login Information

- Enter user-defined Login ID and Password
- Select 2 security questions and answers
- Click on Continue button

Designee Summary Page

- **Displays information entered for Designee**
- **Verify information**
- **Edit as needed**
- **Click on Submit button**

Designee Thank You Page

- **Displays information submitted by designee**
- **Next Steps:**
 - RDS Center validates designee and activates designee Login ID
 - Email sent to designee with link back to the RDS Center Web Site – 1 to 2 days after submission
 - Email sent to AR to inform him/her of designee registration

Designee Home Page


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

James Weber - AcctManager
Today is Sep 6, 2005

Plan Sponsor ID	Plan Name	Authorized Rep	Incomplete Applications	Pending Applications	Approved Applications	Rejected Applications
1279	Debs Testing Company	Deb Weber	1	0	0	0
3411	Debs Second Test Company	Deb Weber	0	0	0	0


SECURE AREA



[Privacy Policy](#) | [User Agreement](#)

ACCOUNT SETTINGS

[Create a New Plan Sponsor Account](#)
[Start a New Application](#)
[Change Password](#)

BULLETIN

New web site functions enable plan sponsors to complete, save, and submit RDS online applications. Find out [what you can do now](#) in the RDS Secure Web Site, and [what you can do later](#) as we continue to roll out new web site features.

Application Status



Application Status

Application Number:

Plan Sponsor ID: **1279**
Company: **Debs Testing Company**
Authorized Representative: **Deb Weber**
Account Manager: **James Weber**
Application ID: **2348**
Plan Name: **Debs Second Application**
Plan Start: **Apr 01, 2005** Plan End: **Mar 31, 2006**

Application Start Date: **Sep 06, 2005**
Application Submitted:

YOU ARE HERE:

Plan Sponsor ID: 1279
Company Name: Debs Testing Company
Application ID: 2348

APPLICATION SECTIONS

[Application Status](#)

[Benefit Option\(s\)](#)

[Assign Actuary\(s\)](#)

[Electronic Funds Transfer \(EFT\) Info](#)

[Payment Frequency](#)

[Retiree List Submission Method](#)

QUICK HELP

[Help about this page](#)

Application Section	Status
Application Number Assigned	Complete
Assign Designee(s) (optional)	Incomplete
Benefit Option(s)	Incomplete
Assign Actuary(s)	Incomplete
Attestation	Incomplete
Electronic Funds Transfer (EFT) Info	Incomplete
Payment Frequency	Incomplete
Retiree List Submission Method	Incomplete
Upload Retiree List	Incomplete
Application Summary	Incomplete

Benefit Option(s)



RDS Secure Web Site

[HOME](#) | [LOG OUT](#)

 Print this page

Benefit Option(s) Summary

[Add a Benefit Option](#)

Benefit Option Name	Unique Benefit Option Identifier	Benefit Options Type	Attestation Status	Benefit Option Administrator
No Benefit Options available				

 **SECURE AREA**

YOU ARE HERE:

Plan Sponsor ID:1279
Company Name:Debs Testing Company
Application ID:2348

APPLICATION SECTIONS

[Application Status](#)
[Benefit Option\(s\)](#)
[Assign Actuary\(s\)](#)
[Electronic Funds Transfer \(EFT\) Info](#)
[Payment Frequency](#)
[Retiree List Submission Method](#)

QUICK HELP

[Help about this page](#)



Privacy Policy | User Agreement

Benefit Option(s)


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

ACCOUNT SETTINGS

- [Create a New Plan Sponsor Account](#)
- [Start a New Application](#)
- [Change Password](#)

QUICK HELP

- [Help about this page](#)

Benefit Option

An (*) indicates a required field.

*Benefit Option Name

*Unique Benefit Option Identifier (e.g., Rx Group Number)

*Benefit Options Type

Select One 

*Company Name

If this Benefit Option is deleted, the Actuary associated with this Benefit Option will also be deleted.

Continue

Cancel



SECURE AREA


[Privacy Policy](#) | [User Agreement](#)

Benefit Option(s)


RDS Secure Web Site

[HOME](#) | [LOG OUT](#)

 [Print this page](#)

Benefit Option(s) Summary

[Add a Benefit Option](#)

Benefit Option Name	Unique Benefit Option Identifier	Benefit Options Type	Attestation Status	Benefit Option Administrator
debs benefit option 2	RX123456	Fully Insured	Not Attested	Not Assigned
debs benefit option 1	RX56789	Fully Insured	Not Attested	Not Assigned

 **SECURE AREA**

YOU ARE HERE:

Plan Sponsor ID:1279
Company Name:Debs Testing Company
Application ID:1042

APPLICATION SECTIONS

[Application Status](#)
[Benefit Option\(s\)](#)
[Assign Actuary\(s\)](#)
[Electronic Funds Transfer \(EFT\) Info](#)
[Payment Frequency](#)
[Retiree List Submission Method](#)

QUICK HELP

[Help about this page](#)


[Privacy Policy](#) | [User Agreement](#)

Assign Actuary(s)


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

Assign Actuary(s)

*Are you combining two or more benefit options for the purpose of demonstrating that the plan meets the actuarial equivalence Net Test?

Yes ☒

No ☐

[Continue](#)

 **SECURE AREA**

YOU ARE HERE:

Plan Sponsor ID:1279
Company Name:Debs Testing Company
Application ID:1042

APPLICATION SECTIONS

[Application Status](#)

[Benefit Option\(s\)](#)

[Assign Actuary\(s\)](#)

[Electronic Funds Transfer \(EFT\) Info](#)

[Payment Frequency](#)

[Retiree List Submission Method](#)

QUICK HELP

[Help about this page](#)


[Privacy Policy](#) | [User Agreement](#)

Assign Actuary(s)


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

YOU ARE HERE:
Plan Sponsor ID:1279
Company Name:Debs Testing Company
Application ID:1042

APPLICATION SECTIONS
[Application Status](#)
[Benefit Option\(s\)](#)
[Assign Actuary\(s\)](#)
[Electronic Funds Transfer \(EFT\) Info](#)
[Payment Frequency](#)
[Retiree List Submission Method](#)

QUICK HELP
[Help about this page](#)

Add Actuary

An (*) indicates a required field.

*E-mail Address

The e-mail address you entered cannot be found. Do you wish to enter the e-mail address again or assign a new Actuary?

Assign New

Modify Search

*First Name

Middle Initial

*Last Name

*Actuary AAA Membership Number

*E-mail Address

*Re-enter E-mail Address

 **SECURE AREA**


[Privacy Policy](#) | [User Agreement](#)

Assign Actuary(s)


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

YOU ARE HERE:
Plan Sponsor ID:1279
Company Name:Debs Testing Company
Application ID:1042

APPLICATION SECTIONS
[Application Status](#)
[Benefit Option\(s\)](#)
[Assign Actuary\(s\)](#)
[Electronic Funds Transfer \(EFT\) Info](#)
[Payment Frequency](#)
[Retiree List Submission Method](#)

QUICK HELP
[Help about this page](#)

Add Actuary

An (*) indicates a required field.

*E-mail Address

The e-mail address you entered cannot be found. Do you wish to enter the e-mail address again or assign a new Actuary?

Assign New

Modify Search

*First Name

Middle Initial

*Last Name

*Actuary AAA Membership Number

*E-mail Address

*Re-enter E-mail Address

 **SECURE AREA**


[Privacy Policy](#) | [User Agreement](#)

Assign Actuary(s)



RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

Add Actuary

An (*) indicates a required field.

*E-mail Address

The e-mail address you entered found the information below:

Name: **Deb's Test**

E-mail Address: **dweber@emdeon.com**

If you want to use Deb's Test as your Actuary, click on "accept." If this is not correct, you can search again.

 **SECURE AREA**



[Privacy Policy](#) | [User Agreement](#)

YOU ARE HERE:

Plan Sponsor ID:1279
Company Name:Debs Testing Company
Application ID:1042

APPLICATION SECTIONS

- [Application Status](#)
- [Benefit Option\(s\)](#)
- [Assign Actuary\(s\)](#)
- [Electronic Funds Transfer \(EFT\) Info](#)
- [Payment Frequency](#)
- [Retiree List Submission Method](#)

QUICK HELP

- [Help about this page](#)

Actuary Summary


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

YOU ARE HERE:

Plan Sponsor ID:1279
Company Name:Debs Testing Company
Application ID:2348

APPLICATION SECTIONS

- [Application Status](#)
- [Benefit Option\(s\)](#)
- [Assign Actuary\(s\)](#)
- [Electronic Funds Transfer \(EFT\) Info](#)
- [Payment Frequency](#)
- [Retiree List Submission Method](#)

QUICK HELP

- [Help about this page](#)

Actuary Summary

Gross Value Test

Select an Actuary for the following Benefit Option(s)

Benefit Option	Unique Benefit ID	Actuary
Debs Benefit Option - 01	RX 12345	Debra Actuary
Debs Benefit Option	RX 56789	Debra Actuary

Net Value Test

Plan Name/Description	Application Number	Actuary
Debs Second Application	2348	Debra Actuary

 **SECURE AREA**


[Privacy Policy](#) | [User Agreement](#)

Actuary Registration

- If a designated actuary already has a RDS login ID, s/he will receive an email notification to provide attestation
- If a designated actuary does not have a RDS login ID, s/he will receive an email invitation to visit the RDS Web Site to obtain one via a secure link

Electronic Funds Transfer (EFT)

 [Print this page](#)

Electronic Funds Transfer (EFT)

An (*) indicates a required field.

Account Information

*Bank Name

*Account Type

*Company Name Associated with Account

*Account Number

*Re-enter Account Number

*Bank Routing Number

*Re-enter Bank Routing Number

Bank Contact

*First Name

Middle Initial

*Last Name

*Telephone () - ext.

Fax () -

E-mail Address

Re-enter E-mail Address

Bank Address

*Street Line 1

Street Line 2

*City

*State

*Zip Code -

YOU ARE HERE:

Plan Sponsor ID: 1279
Company Name: Debs Testing Company
Application ID: 2348

APPLICATION SECTIONS

[Application Status](#)

[Benefit Option\(s\)](#)

[Assign Actuary\(s\)](#)

[Electronic Funds Transfer \(EFT\) Info](#)

[Payment Frequency](#)

[Retiree List Submission Method](#)

QUICK HELP

[Help about this page](#)

Payment Frequency


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

Payment Frequency

The selected payment frequency will remain in effect throughout the plan benefit year. The payment frequency cannot be changed after the application is submitted.

Select one:

Monthly ☐
Quarterly ☐
Interim Annual ☐
Annual ☐

[Continue](#)
[Cancel](#)

 **SECURE AREA**

YOU ARE HERE:

Plan Sponsor ID:1279
Company Name:Debs Testing Company
Application ID:2348

APPLICATION SECTIONS

[Application Status](#)
[Benefit Option\(s\)](#)
[Assign Actuary\(s\)](#)
[Electronic Funds Transfer \(EFT\) Info](#)
[Payment Frequency](#)
[Retiree List Submission Method](#)

QUICK HELP

[Help about this page](#)


[Privacy Policy](#) | [User Agreement](#)

Retiree List Submission Method



RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

YOU ARE HERE:

Plan Sponsor ID:1279
Company Name:Debs Testing Company
Application ID:2348

APPLICATION SECTIONS

- [Application Status](#)
- [Benefit Option\(s\)](#)
- [Assign Actuary\(s\)](#)
- [Electronic Funds Transfer \(EFT\) Info](#)
- [Payment Frequency](#)
- [Retiree List Submission Method](#)

QUICK HELP

- [Help about this page](#)

Retiree List Submission Method

An asterisk (*) indicates a required field.

Please indicate the Retiree file submission method for the retiree file, and the subsequent add/update/delete files.

Please ensure the Retiree List is received at the RDS Center to meet application-filing requirements.

Retiree List

***Select Method of Submission**

- Upload file via the secure web site ☐
- Send file mainframe to mainframe via AGNS ☐
- COB Voluntary Data Sharing Agreement (VDSA) ☐

[Continue](#)
[Cancel](#)


SECURE AREA


[Privacy Policy](#) | [User Agreement](#)



Mainframe to Mainframe

Retiree List

*Select Method of Submission

- Upload file via the secure web site ☐
- Send file mainframe to mainframe via AGNS ☒
- COB Voluntary Data Sharing Agreement (VDSA) ☐

Send file mainframe to mainframe via AGNS

For Plan Sponsors with an existing AGNS account and an existing connection to GHI, the setup will take 1 to 2 weeks.

For Plan Sponsors with an existing AGNS account, but no existing connection to GHI, the setup will take 1 to 2 months.

For Plan Sponsors without an AGNS account, the setup will take 2 to 3 months.

Please complete the following Technical Contact Information so the RDS Center can assist you with the necessary setup. Please allow 2 to 3 business days for contact.

Technical Contact

*First Name

Middle Initial

*Last Name

*E-mail Address

*Re-enter E-mail Address

*Telephone () - ext.

Fax () -

[Assign Actuary\(s\)](#)

[Electronic Funds Transfer \(EFT\)
Info](#)

[Payment Frequency](#)

[Retiree List Submission
Method](#)

QUICK HELP

[Help about this page](#)



COB VDOSA

Retiree List

*Select Method of Submission

- Upload file via the secure web site ☐
- Send file mainframe to mainframe via AGNS ☐
- COB Voluntary Data Sharing Agreement (VDOSA) ☒

COB Voluntary Data Sharing Agreement (VDOSA)

If you currently have a VDOSA, please ensure the next submission is received at the RDS Center to meet application-filing requirements.

If you do not currently have a VDOSA and would like to get additional information, contact the CMS Coordination of Benefits (COB) Contractor at cobva@ghimedicare.com. The usual timeframe for completing the agreement and testing with the CMS COB contractor is 60 to 90 days for new agreements.

[Continue](#) [Cancel](#)

SECURE AREA

[Assign Actuary\(s\)](#)

[Electronic Funds Transfer \(EFT\)
Info](#)

[Payment Frequency](#)

[Retiree List Submission
Method](#)

QUICK HELP

[Help about this page](#)



Actuary Registration

Actuary Information

You have been assigned as an Actuary to the following plan:

Plan Sponsor Company Name: **Debs Testing Company**

Plan Sponsor ID: **1279**

Application ID: **2348**

To set up a Login ID for you to attest as an Actuary, please provide your American Academy of Actuaries (AAA) Membership Number.

*Enter your AAA number and
click continue:

[View and print the agreement below](#)

User Agreement

THE FOLLOWING DESCRIBES THE TERMS AND CONDITIONS ON WHICH THE

You must read and accept the terms and conditions contained in this User Agreement expressly set out below and incorporated by reference before you may access the RDS Center Secure Website.

The RDS Center may amend this User Agreement at any time. Except as stated below, all amended terms shall automatically be effective 30 days after they are initially posted on the Site. This User Agreement is effective immediately.

Please check the following box:

I accept the User Agreement
and Privacy Policy above ☐

[Continue](#)

[Cancel](#)

1. **Actuary Registration**
2. Actuary Personal Information
3. Actuary Login Information
4. Actuary Summary
5. Thank You

QUICK HELP

[Help about this page](#)

Actuary Personal Information

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

RDS Secure Web Site

Actuary Personal Information

An asterisk (*) indicates a required field.

We ask for this information to protect and verify your personal identity, and that of the plan sponsor.

*First Name

Middle Initial

*Last Name

Job Title

Company Name

*Telephone

() - ext.

Fax

() -

Mailing Address

*Street Line 1

Street Line 2

*City

*State

Select One

*Zip

-

Continue

Cancel

YOU ARE HERE...

1. Actuary Registration
2. **Actuary Personal Information**
3. Actuary Login Information
4. Actuary Summary
5. Thank You

QUICK HELP

[Help about this page](#)

Actuary Login Information

Actuary Login Information

An asterisk (*) indicates a required field.

We ask for this information to protect and verify your personal identity, and that of the plan sponsor.

Choose your Login ID and password carefully.

- Login IDs must be 8 to 15 characters
- Login ID and Password cannot be the same
- Password must be 8 characters in length
- Password must be a combination of letters and numbers
- Password must be lower case only (do not use mixed case)
- Password cannot be a user's name
- Password cannot contain 4 consecutive characters from the previous password
- Password must be different from the last 6 passwords

*Login ID

*Password

*Re-enter Password

The Security Questions allow you to regain account access if you forget your password. Please note the answers you provide to these questions should be actual answers and not hints for your password.

*Security Question 1

*Answer 1

*Security Question 2

*Answer 2

YOU ARE HERE...

1. Actuary Registration
2. Actuary Personal Information
3. **Actuary Login Information**
4. Actuary Summary
5. Thank You

QUICK HELP

[Help about this page](#)

[Continue](#)

[Cancel](#)



Actuary Summary Page

Actuary Summary

Please review your information...

The following information will be processed:

Actuary Personal Information

First Name: **Debra**
Middle Initial:
Last Name: **Actuary**
Job Title: **Debs Test Actuary**
Company: **All About me**
Business Telephone: **(999) 999-9999**
Fax:

Business Address

Street Line 1: **Main Street**
Street Line 2:
City: **Towson**
State: **MA**
Zip: **99999**

Actuary Login Information

Login ID: **debsactuary**
Security Question 1: **What city were you born?**
Answer 1: **bishopville**
Security Question 2: **What elementary school did you attend?**
Answer 2: **bishopville**

- 1. Actuary Registration
- 2. Actuary Personal Information
- 3. Actuary Login Information
- 4. **Actuary Summary**
- 5. Thank You

QUICK HELP

[Help about this page](#)

Actuary Thank You Page



RDS Secure Web Site

 Print this page

Thank You -- Debra Actuary (debsactuary)

Debra Actuary, thank you for your interest in the Retiree Drug Subsidy Program. Your Login ID for the RDS Secure Web Site has been activated. Use the following link to access the login to the RDS Secure Web Site: <http://www.rds.cms.hhs.gov>.

Thank you,
RDS Center.


 **SECURE AREA**

YOU ARE HERE...

1. Actuary Registration
2. Actuary Personal Information
3. Actuary Login Information
4. Actuary Summary
5. **Thank You**


Privacy Policy | User Agreement

RDS Secure Web Site Login



RDS Retiree Drug Subsidy Program

[ABOUT THIS SITE](#)
[FAQs](#)
[HOW TO APPLY](#)
[EVENTS](#)
[NEWS](#)
[LAWS AND REGULATIONS](#)
[CONTACT](#)


[Print this page](#)

SPECIAL ANNOUNCEMENT

Updated 9/02/2005

To All RDS Center Web Site Visitors:

Beginning today, retiree plan sponsors will be able to receive electronic approvals of their completed applications through the CMS secure retiree drug subsidy (RDS) web site - the site used by retiree plan sponsors to participate in the Retiree Drug Subsidy program created under the Medicare Modernization Act of 2003 (MMA). This announcement also addresses issues relating to the submission of retiree list files and an extension of the deadline for submitting retiree drug subsidy applications and retiree lists. CMS is urging retiree plan sponsors to submit their applications and retiree lists as soon as possible, and also urging sponsors to communicate now with their retirees to ensure that the retirees understand the coverage their retiree plan offers in relation to the information they will begin to receive from CMS in October.

[Read more of this announcement...](#) (pdf, 27 KB)

The Centers for Medicare & Medicaid Services (CMS) recently published the final regulations for Title I and Title II of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). Title I contains the provisions governing the special retiree drug subsidies and other options that were designed to encourage employers and unions to continue providing high quality prescription drug coverage to their retirees.

It is the goal of CMS to give employers and unions a comprehensive set of options to help them continue to provide high-quality prescription drug coverage. One method is through a retiree drug subsidy that is flexible enough to enable employers and unions to obtain the subsidy without disrupting their current coverage. To meet this goal, this web site serves as a comprehensive resource center for all informational and operational needs for plan sponsors to become a participant in the Retiree Drug Subsidy (RDS) Program. On this web site, many tools and resources are available to provide you with everything from general information about the RDS Program to specific instructions and assistance during the application period and afterward.

Together, with the full cooperation and involvement of our partners and plan sponsors who sign up to participate in the RDS Program, we can continue to make positive advancements towards providing access to prescription drugs, dependable retiree coverage, and better coverage options for millions of Americans.

ACCOUNT LOGIN

>> CREATE A NEW ACCOUNT MANAGER ID >>

ENTER LOGIN ID

ENTER PASSWORD

Login

[Forgot Password?](#)

[Search](#)

[Events Calendar](#)


SEP. 2005						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

[Glossary](#)

[Reference Hub](#)



Actuary Homepage


**RDS Secure Web Site**

HOME

LOG OUT

De


To:


 Print this page

ACCOUNT SETTINGS
[Change Password](#)

BULLETIN
New web site functions enable plan sponsors to complete, save, and submit RDS online applications. Find out [what you can do now](#) in the RDS Secure Web Site, and [what you can do later](#) as we continue to roll out new web site features.

Plan Sponsor ID	Plan Sponsor Name/Description	Applications Attested	Applications Pending Attestation
1279	Debs Testing Company	-	1

 **SECURE AREA**

 Privacy Policy | User Agreement

Actuary Application List



RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

QUICK HELP
[Help about this page](#)

Plan Sponsor ID: 1279

Application List

App Number	Plan Name	Application Status	Attestation Status	Plan Start and End Dates	Actions
2348	Debs Second Application	Incomplete	Not Attested	Apr 01, 2005 Mar 31, 2006	<input type="text" value="Select One"/> <input type="button" value="Go"/>

 **SECURE AREA**


[Privacy Policy](#) | [User Agreement](#)

Attestation Summary


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

YOU ARE HERE:
 Plan Sponsor ID:1279
 Company Name:Debs Testing Company
 Application ID:2348

QUICK HELP
[Help about this page](#)

Attestation Summary

Benefit Options Combined

Gross Value Test

Benefit Option Name	Unique Benefit Option Identifier	Actuary Name	Attestation Status
Debs Benefit Option - 01	RX 12345	Debra Actuary	Not Attested Attest Now
Debs Benefit Option	RX 56789	Debra Actuary	Not Attested Attest Now

Net Value Test

Application Number	Plan Name / Description	Actuary Name	Attestation Status
2348	Debs Testing Company	Debra Actuary	Not Attested Attest Now


SECURE AREA


[Privacy Policy](#) | [User Agreement](#)

Attestation


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

YOU ARE HERE:
 Plan Sponsor ID:1279
 Company Name:Debs Testing Company
 Application ID:2348

QUICK HELP
[Help about this page](#)

Attestation

Benefit Option Name: **Debs Benefit Option - 01**
 Unique Benefit Option Identifier: **RX 12345**
 Benefit Options Type: **Fully Insured**

Actuarial Attestation for the Gross Value Test

I hereby attest to the following:

I am a qualified actuary and a member of the American Academy of Actuaries. I am familiar with the requirements for, and am qualified to prepare, a Retiree Drug Subsidy (RDS) Actuarial Attestation.

The actuarial Gross Value of the benefit option(s) is at least equal to the actual Gross Value of the defined standard prescription drug coverage under Part D for the Part D eligible individuals who are participants and beneficiaries of the sponsor's plan for the subject plan year.

The Gross Value of the option listed in section II(B) of this application was determined using a methodology consistent with the requirements set forth at 42 C.F.R. 423.884 (d)(5) and all relevant actuarial guidelines issued by CMS, and the data and assumptions used in the development of this attestation are reasonable and are based on generally accepted actuarial principles, including the appropriate actuarial standards of practice.

I understand and acknowledge that the information being provided in this attestation is being used to obtain Federal funds.

I agree to maintain and make available reports, working documents and other records as required under 42 C.F.R. 423.888(d). This includes information about data and/or assumptions I may have relied upon.

I certify that this attestation is true and accurate to the best of my knowledge and belief.

Attest Now ☐

Security Question 1 What city were you born?
 *Answer 1

Security Question 2 What elementary school did you attend?
 *Answer 2

[Continue](#)
[Cancel](#)

 **SECURE AREA**


[Privacy Policy](#) | [User Agreement](#)

Completed Attestation Summary


RDS Secure Web Site

[HOME](#)
[LOG OUT](#)


[Print this page](#)

YOU ARE HERE:
Plan Sponsor ID:1279
Company Name:Debs Testing Company
Application ID:2348

QUICK HELP
[Help about this page](#)

Attestation Summary

Benefit Options Combined

Gross Value Test

Benefit Option Name	Unique Benefit Option Identifier	Actuary Name	Attestation Status
Debs Benefit Option - 01	RX 12345	Debra Actuary	Attested
Debs Benefit Option	RX 56789	Debra Actuary	Attested

Net Value Test

Application Number	Plan Name / Description	Actuary Name	Attestation Status
2348	Debs Testing Company	Debra Actuary	Attested


SECURE AREA


[Privacy Policy](#) | [User Agreement](#)

Authorized Representative Registration



RDS Secure Web Site

Authorized Representative Registration

You have been assigned as an Authorized Representative to the following Plan:

Plan Sponsor Company Name: **Debs Testing Company**

Plan Sponsor ID: **1279**

Please check the following box:

I agree that the Account Manager {James Weber} assigned to Plan Sponsor Id {1279}, {Debs Testing Company}, is an approved agent for the Plan Sponsor. ☐

[View and print the agreement below](#)

User Agreement

RETIREE DRUG SUBSIDY (RDS) CENTER OFFERS YOU ACCESS TO THE RDS CENTER SECURE WEBSITE

You must read and accept the terms and conditions contained in this User Agreement expressly set out below and incorporated by reference before you may access the RDS Center Secure Website.

The RDS Center may amend this User Agreement at any time. Except as stated below, all amended terms shall automatically be effective 30 days after they are initially posted on the Site. This User Agreement is effective immediately.

Please check the following box:

I accept the User Agreement and Privacy Policy above ☐

[Continue](#)

[Cancel](#)

YOU ARE HERE...

1. **Authorized Representative Registration**
2. Authorized Representative Personal Information
3. Authorized Representative Login Information
4. Authorized Representative Summary
5. Thank You

QUICK HELP

[Help about this page](#)

Authorized Representative Personal Information

Authorized Representative Personal Information

An asterisk (*) indicates a required field.

To set up a Login ID for you to act as an Authorized Representative, we need additional information from you.

We ask for this information to protect and verify your personal identity, and that of the plan sponsor.

*First Name

Middle Initial

*Last Name

*Social Security Number - -

*Date of Birth Month Day Year

*Job Title

*Business Telephone () - ext.

Fax () -

Mailing Address

*Street Line 1

Street Line 2

*City

*State Select One

*Zip -

YOU ARE HERE...

1. Authorized Representative Registration
2. **Authorized Representative Personal Information**
3. Authorized Representative Login Information
4. Authorized Representative Summary
5. Thank You

QUICK HELP

[Help about this page](#)

[Continue](#)

[Cancel](#)



Authorized Representative Login Information



RDS Secure Web Site

Authorized Representative Login Information

An asterisk (*) indicates a required field.

We ask for this information to protect and verify your personal identity, and that of the plan sponsor.

Choose your Login ID and password carefully.

- Login IDs must be 8 to 15 characters
- Login ID and Password cannot be the same
- Password must be 8 characters in length
- Password must be a combination of letters and numbers
- Password must be lower case only (do not use mixed case)

*Login ID

*Password

*Re-enter Password

The Security Questions allow you to regain account access if you forget your password. Please note the answers you provide to these questions should be actual answers and not hints for your password.

*Security Question 1

*Answer 1

*Security Question 2

*Answer 2

[Continue](#)

[Cancel](#)

YOU ARE HERE...

1. Authorized Representative Registration
2. Authorized Representative Personal Information
3. **Authorized Representative Login Information**
4. Authorized Representative Summary
5. Thank You

QUICK HELP

[Help about this page](#)



Authorized Representative Summary Page

Authorized Representative Summary

Please review your information...

The following information will be processed:

Authorized Representative Personal Information

First Name: **Deb**

Middle Initial:

Last Name: **Weber**

Social Security Number: **999-99-9999**

Date of Birth: **03/04/1910**

Job Title: **Outreach Manager**

Business Telephone: **(999) 999-9999**

Fax:

Business Address

Street Line 1: **one west penn**

Street Line 2:

City: **towson**

State: **MD**

Zip: **99999**

Auth Rep Login Information

Login ID: **debwebra**

Security Question 1: **What elementary school did you attend?**

Answer 1: **bishopville**

Security Question 2: **What city were you born?**

Answer 2: **bishopville**

1. Authorized Representative Registration
2. Authorized Representative Personal Information
3. Authorized Representative Login Information
4. **Authorized Representative Summary**
5. Thank You

QUICK HELP

[Help about this page](#)

[Continue](#)

[Edit](#)

[Cancel](#)



Authorized Representative Thank You Page

- **Displays information submitted for AR**
- **Next Steps:**
 - RDS Center validates AR personal information
 - RDS Center AR Login ID
 - Confirmation email sent to AR with link back to the RDS Center Web Site – 1 to 2 days after submission

Plan Sponsor Agreement

- Required for each application
- Authorized Representative only
- Read and sign
- Answer security questions to validate signature
- Submit Application for processing by RDS Center
- Application can be submitted prior to Retiree List submission but will be put on hold until file received

Account Manager Home Page


RDS Secure Web Site

[HOME](#) | [LOG OUT](#)

James Weber - AcctManager
Today is Sep 6, 2005

 Print this page


ACCOUNT SETTINGS

- [Create a New Plan Sponsor Account](#)
- [Start a New Application](#)
- [Change Password](#)

BULLETIN

New web site functions enable plan sponsors to complete, save, and submit RDS online applications. Find out [what you can do now](#) in the RDS Secure Web Site, and [what you can do later](#) as we continue to roll out new web site features.

Plan Sponsor ID	Plan Name	Authorized Rep	Incomplete Applications	Pending Applications	Approved Applications	Rejected Applications
1279	Debs Testing Company	Deb Weber	1	0	0	0
3411	Debs Second Test Company	Deb Weber	0	0	0	0

 **SECURE AREA**


[Privacy Policy](#) | [User Agreement](#)

Retiree Files

General Information

- A qualifying, covered retiree is considered eligible for the subsidy based on his/her Medicare entitlement
 - Part A entitled or Part B enrolled
and
 - NOT enrolled in Part D
- An application must have at least one qualifying, covered retiree in order to be approved
- Only one file per application will be accepted
- There must be an Unique Benefit Option Identifier (e.g. Rx Group Number) for each benefit option associated with the plan
- Layouts on the RDS Center Web Site

Upload to RDS Secure Web Site

- **Link to File Transfer Facility from RDS Secure Web Site**
- **Re-authentication with Login ID and password required – AR, AM, or designees granted upload permission**
- **Access mailbox by plan sponsor and application**
- **Comma delimited file**
- **Response and notification files can be downloaded**
- **Emails alerts when response and notification files available**

Mainframe to Mainframe Via AGNS

- Technical Contact will work with RDS Center staff to set up (5 to 10 days with existing AGNS account, 30 to 45 days without)
- Using Connect:Direct over AGNS
- Response and notification files will be returned the same way
- Email alerts when response and notification files sent
- Fixed length flat files for retiree list and response files

Voluntary Data Sharing Agreements (VDSAs)

- Administered by the Medicare Coordination of Benefits (COB) contractor to enable CMS and employers to electronically exchange employee coverage information and Medicare entitlement information on a current basis to dramatically improve coordination of benefits between your Group Health Plan and Medicare.
- Will allow employers and insurers to coordinate new Part D benefit and provides alternative method for submission of monthly retiree files to the RDS Center for employers claiming the subsidy.

Initial Submission

- **Include all retirees to be covered by the subsidy during the plan sponsor's plan year**
- **For plan years ending in 2006, the retiree list must be received by September 30, 2005**
- **For subsequent plan years, initial retiree lists must be received by RDS with the application 90 days prior to the start of the plan year**
- **A submitted application will not be processed until the retiree list has been received**

Subsequent Monthly Submissions

- **Should only include:**
 - new retirees not reported to RDS previously
 - updates to previously accepted retiree records
 - deletions for previously accepted retiree records
 - Resubmissions
- **Submitted monthly based on file transmission method selected on your application**

Submitted Data Elements

- **Submitted Data Elements (per Retiree)**
 - Application ID
 - SSN and/or HICN
 - First Name
 - Middle Initial (optional)
 - Last Name
 - Date of Birth
 - Gender
 - Coverage Effective Date
 - Coverage Termination Date (optional)
 - Unique Benefit Option Identifier (e.g. Rx Group Number)
 - Relationship to Retiree
 - Action Type of Record (Add, Update, or Delete)

Response Data Elements

- **Response File Data Elements (per Retiree)**
 - Application ID
 - SSN and/or HICN
 - First Name
 - Middle Initial
 - Last Name
 - Date of Birth
 - Gender
 - Coverage Effective Date
 - Coverage Termination Date
 - Unique Benefit Option Identifier (e.g. Rx Group Number)
 - Relationship to Retiree
 - Action Type of Record (Add, Update, or Delete)
 - Subsidy Approval Indicator (Y or N)
 - Reason Code
 - Subsidy Effective Date
 - Subsidy Termination Date

Subsidy Periods

- Response records will indicate actual period(s) for which subsidy can be claimed
- Due to dates for Medicare Part A entitlement, Part B or D enrollment, subsidy period may not cover entire plan year
- Multiple response records indicating valid subsidy periods may be sent per retiree

Notifications

- **Same response file layout using reason codes**
- **Email notification of file for transfer**
- **Retiree tries to enroll in Part D and initially rejected**
 - Outreach/education
 - No change to subsidy period
- **Retiree overrides rejection and signs up for Part D**
 - Subsidy period terminated as of Part D effective date
- **Changes to Retiree Part A entitlement or Part B enrollment**
 - Changes to subsidy period dates will be sent for terminations and period shortening
 - Messages to resubmit retiree in other cases

Response File Reason Codes

- 01 Application did not meet filing deadline
- 02 Invalid Application ID
- 03 Invalid Retiree last name
- 04 Invalid Retiree first name
- 05 Invalid Retiree date of birth
- 06 Invalid Retiree gender
- 07 Invalid Retiree coverage effective date
- 08 Invalid Retiree coverage termination date
- 09 Invalid Retiree unique benefit option identifier
- 10 Enrolled in Part D
- 11 Not eligible for Medicare
- 12 Beneficiary is Deceased
- 13 Invalid HICN or SSN
- 14 Termination date is less than effective date
- 15 Missing Trailer record
- 16 Not a valid Medicare Beneficiary

RDS Application Processing

Behind the Scenes

Application Processing

An application will be reviewed and approved based on the following requirements:

- Plan Sponsor is determined to be a valid entity
- At least one qualifying covered retiree for which the Plan Sponsor is claiming subsidy is eligible
- Bank Account was validated
- No RDS system users involved in the application process were found to be debarred according the General Services Administration Debarment List or convicted of fraud or abuse per the Office of Inspector General Exclusion List

Application Processing (cont.)


In addition:

- Actuary(s) attesting to actuarial equivalence is a qualified member of the American Academy of Actuaries
- Meets timely filing requirements - 90 days prior to the beginning of the plan year unless an extension was granted, or an extension was requested and granted

Contact Us

- <http://rds.cms.hhs.gov>
- (877) RDS-HELP or
- (877) 737-4357
- (877)RDS-TTY0 or
- (877) 737-8890


Subscribe to RDS E-News Listserv



RDS Retiree Drug Subsidy Program

[ABOUT THIS SITE](#)
[FAQs](#)
[HOW TO APPLY](#)
[EVENTS](#)
[NEWS](#)
[LAWS AND REGULATIONS](#)
[CONTACT](#)

[Home](#) » [News](#) » [E-NEWS](#)

 [Print this page](#)

E-NEWS

Sign up to receive timely bulletins and news about the RDS Program. To do so, click on the **Subscribe Now** link below, enter your name and email address, select **CMS-RDS-PROGRAMNEWS**, then click **Submit Request**.

[Subscribe Now!](#)

Current E-Newsletter

[Volume 1, Number 1](#)

E-Newsletter Archives

Read past issues of the [RDS](#) E-Newsletter.

ACCOUNT LOGIN

[» CREATE A NEW ACCOUNT MANAGER ID »](#)

ENTER LOGIN ID

ENTER PASSWORD

[Login](#)

[Forgot Password?](#)

[Search](#)

[Events Calendar](#)

SEP. 2005						
S	M	T	W	T	F	S
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

[Glossary](#)

[Reference Hub](#)